

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2011
NAME OF PROVIDER OR SUPPLIER SMITH COUNTY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the Tennessee Department of Health Building Standards.</p> <p>The findings include:</p> <p>(1) Observation of Resident room 505, the wound care nurses' office, and the kitchen dry storage room on 7/25/11 at 8:37 AM, revealed water stained ceiling tiles.</p> <p>(2) Observation of Resident room 509 on 7/25/11 at 9:30 AM, revealed the ring around the door knob was loose.</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 7/25/11.</p>	N 832	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The entire plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>N832 1200-8-6- 8(2) Building Standards Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice are all residents of the Center. Identified Ceiling area (1) affected by the stained ceiling tiles repaired. (ceiling tiles replaced) (08/01/11)</p> <p>Door ring repaired (07/25/11). Plant Operations Director will inspect the Center monthly to ensure continued compliance. Inspections will be documented in the centers Preventive Maintenance Log. Preventive Maintenance (PM) Logs will be recorded in the monthly PM program and reported to the Safety Committee monthly. The Safety Committee reports to the Center PI Committee monthly. To ensure continued compliance Plant Operations Director will report the PM log entries on Ceiling tiles to the Safety Committee. Center inspections will be reported Monthly x3 and quarterly thereafter until resolution to the Center PI (QA) Committee for monitoring Corrective actions will be monitored through the Center PI (QA) Committee.</p>	09/09/11

Division of Health Care Facilities

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0090

LNQ621

If continuation sheet 1 of 1

(X6) DATE

08/12/11

Division of Health Care Facilities

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Division of Health Care Facilities

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

R099

LNQ21

TITLE

(X8) DATE

08/12/11

If continuation sheet 1 of 1

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